

County: Pierce

Facility ID: 8260

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SPRING VALLEY HEALTH CARE CENTER, INC.

W500 STATE ROAD 29

SPRING VALLEY 54767 Phone: (715) 778-5545

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 59

Total Licensed Bed Capacity (12/31/03): 59

Number of Residents on 12/31/03: 44

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 47

City

Skilled

No

Yes

Yes

47

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		6.8
Supp. Home Care-Personal Care	Yes					1 - 4 Years		31.8
Supp. Home Care-Household Services	Yes	Developmental Disabilities	29.5	Under 65	22.7	More Than 4 Years		52.3
Day Services	No	Mental Illness (Org./Psy)	43.2	65 - 74	4.5			-----
Respite Care	Yes	Mental Illness (Other)	4.5	75 - 84	25.0			90.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.5	95 & Over	9.1	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	9.1	65 & Over	77.3	-----		
Transportation	No	Cerebrovascular	2.3		-----	RNs		6.1
Referral Service	No	Diabetes	4.5	Gender	%	LPNs		19.8
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	2.3	Male	36.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	63.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	2	5.4	128	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.5	
Skilled Care	2	100.0	307	23	62.2	109	1	100.0	109	2	50.0	123	0	0.0	0	0	0.0	0	28	63.6	
Intermediate	---	---	---	1	2.7	90	0	0.0	0	2	50.0	115	0	0.0	0	0	0.0	0	3	6.8	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	11	29.7	163	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	25.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	2	100.0		37	100.0		1	100.0		4	100.0		0	0.0		0	0.0		44	100.0	

***** Admissions, Discharges, and Deaths During Reporting Period Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 *****						
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of Residents
Private Home/No Home Health	7.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	
Private Home/With Home Health	21.1	Bathing	0.0	72.7	27.3	44
Other Nursing Homes	5.3	Dressing	20.5	54.5	25.0	44
Acute Care Hospitals	65.8	Transferring	31.8	40.9	27.3	44
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	29.5	45.5	25.0	44
Rehabilitation Hospitals	0.0	Eating	54.5	22.7	22.7	44
Other Locations	0.0	*****				
Total Number of Admissions	38	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	9.1	Receiving Respiratory Care		4.5
Private Home/No Home Health	40.9	Occ/Freq. Incontinent of Bladder	47.7	Receiving Tracheostomy Care		2.3
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	36.4	Receiving Suctioning		0.0
Other Nursing Homes	2.3			Receiving Ostomy Care		0.0
Acute Care Hospitals	9.1	Mobility		Receiving Tube Feeding		2.3
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	20.5	Receiving Mechanically Altered Diets		52.3
Rehabilitation Hospitals	0.0					
Other Locations	6.8	Skin Care		Other Resident Characteristics		
Deaths	40.9	With Pressure Sores	0.0	Have Advance Directives		95.5
Total Number of Discharges		With Rashes	2.3	Medications		
(Including Deaths)	44			Receiving Psychoactive Drugs		36.4

 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 50-99 Peer %	Ratio	Licensure: Skilled Peer %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.1	87.8	0.85	87.1	0.86	88.1	0.85	87.4	0.86
Current Residents from In-County	75.0	86.6	0.87	81.0	0.93	82.1	0.91	76.7	0.98
Admissions from In-County, Still Residing	13.2	34.3	0.38	19.8	0.67	20.1	0.65	19.6	0.67
Admissions/Average Daily Census	80.9	71.2	1.14	158.0	0.51	155.7	0.52	141.3	0.57
Discharges/Average Daily Census	93.6	73.5	1.27	157.4	0.59	155.1	0.60	142.5	0.66
Discharges To Private Residence/Average Daily Census	38.3	24.3	1.58	74.2	0.52	68.7	0.56	61.6	0.62
Residents Receiving Skilled Care	68.2	89.5	0.76	94.6	0.72	94.0	0.73	88.1	0.77
Residents Aged 65 and Older	77.3	84.0	0.92	94.7	0.82	92.0	0.84	87.8	0.88
Title 19 (Medicaid) Funded Residents	84.1	74.5	1.13	57.2	1.47	61.7	1.36	65.9	1.28
Private Pay Funded Residents	9.1	17.8	0.51	28.5	0.32	23.7	0.38	21.0	0.43
Developmentally Disabled Residents	29.5	2.8	10.62	1.3	23.24	1.1	26.66	6.5	4.55
Mentally Ill Residents	47.7	55.2	0.86	33.8	1.41	35.8	1.33	33.6	1.42
General Medical Service Residents	2.3	17.5	0.13	21.6	0.11	23.1	0.10	20.6	0.11
Impaired ADL (Mean)	49.1	49.3	1.00	48.5	1.01	49.5	0.99	49.4	0.99
Psychological Problems	36.4	68.8	0.53	57.1	0.64	58.2	0.63	57.4	0.63
Nursing Care Required (Mean)	8.0	7.4	1.08	6.7	1.18	6.9	1.15	7.3	1.09